



LEPROSY

RESEARCH PRIORITIES

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DEPARTMENT OF HEALTH

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Leprosy Research Priorities

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HOW TO USE AND UPDATE LEPROSY RESEARCH PRIORITIES

The document was specifically written to provide guidance to the health researchers in the country. This document should be read and understood with other main reference documents, specifically, Department of Health - National Leprosy Control Program (DOH - NLCP) Manual of Procedures, World Health Organization's (WHO) Guidelines for the Diagnosis, Treatment and Prevention of Leprosy and Philippine Leprosy Clinical Practice Guidelines.

The independent study group recommended updating the manual regularly (or every 3 years). When updating the list of priority Leprosy research studies, the policymakers, program managers and other stakeholders must consider the public health impact, new evidence on screening, treatment and management, monitoring and evaluation of Leprosy or updates of the Philippine Leprosy Clinical Practice Guidelines. The process of updating must be consistent with the DOH policies and the recommendations of the Philippine National Health Research Systems' Guidelines for Research Prioritization: How to Set a Research Agenda.

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This publication was written by Mr. Teddy S. Dizon and Dr. Joseph V. Oraño of Healthcare Practice and Policy Management (HPPM). Dr. Abelaine Venida-Tablizo served as principal investigator and subject matter expert on Leprosy.

The HPPM's independent study group managed the conduct of series of consultations to develop the Philippine Leprosy Clinical Practice Guidelines (CPG) which served as the main basis of the development of this research priorities.

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DISCLAIMER

Leprosy Research Priorities intend to assist health researchers to conduct health research studies towards evidence-based interventions in the following areas:

1. Screening and Diagnostics
2. Management and Treatment
3. Management of Complications
4. Drug Resistance
5. Special Population Groups

The priority research provided in this document is based on the latest recommendations of the Philippine Leprosy Guideline Development Group (GDG). This document should be used together with the DOH Leprosy Manual of Procedures, WHO 2018 Guidelines for the Diagnosis, Treatment and Prevention of Leprosy and Clinical Practice Guidelines 2021. The DOH - NLCP and GDG shall not be liable for direct, indirect, special, incidental or consequential damages related to the user's decisions to use the information contained herein.

BACKGROUND

In the course of discussions for clinical questions and recommendations for the Philippine Leprosy CPG, certain issues were acknowledged that could not be addressed by readily available data. Additionally, these issues sprung from recent developments in leprosy management.

The most recent guidance by the WHO described a change in the multidrug therapy (MDT) regimen for paucibacillary (PB) leprosy from a two-drug regimen to a three-drug regimen for six months. The GDG acknowledges that programmatic implementation of the new regimen may result in changes in the observed relapse, leprosy reaction and treatment failure rates. There is a research opportunity for longitudinal surveillance of the impact of the new treatment regimen on clinical outcomes.

Additionally, reliable national epidemiological estimates on the incidence of leprosy reactions and relapse rates are missing, and the epidemiology of these leprosy events may be subject for further inquiry in subsequent research studies. A sound baseline would be desirable to provide a benchmark against which the anticipated impact of new policies and practices will be compared.

The Philippine Leprosy CPG also brings to light the administration of Single Dose Rifampicin (SDR) as post-exposure prophylaxis to Leprosy. This is consistent with the WHO Guidelines and the recent DOH Administrative Order that advertises chemoprophylaxis for leprosy. The GDG considered as a research opportunity the possible effect of widespread implementation of SDR, especially in the context of NLCP, on Rifampicin resistance.

Given the expected relationship between drug resistance and cases of relapse, the GDG also acknowledged as a research priority obtaining clinician perspectives and definitions of relapse and drug-resistant leprosy in the Philippines. In instances where the disease is considered a public health problem and addressed in a programmatic approach, the local context of implementation is an important concern.

Lastly, Leprosy is one of the neglected diseases in the Philippines. Patients do not only suffer the physical effects of this disease but also endure the stigma it carries because of its devastating social, economic, psychological and mental toll on the patients. Studies on the knowledge, attitudes and practices of people towards Leprosy, alternative and adjunct drugs for the management of leprosy reaction, relapse, treatment failure and drug resistance may be helpful in the overall care of patients affected with Leprosy (PAL).

		<p>efficiency of health interventions: includes conduct cost-benefit analysis of studies directed towards disease and health programs, setting of standards, processes and application of health assessment models in achieving financial risk protection.</p>
<p>MTHPSRA 2017 – 2022</p>	<p>Establishing Need</p> <p><i>Health Literacy and Healthy Behavior Profile</i></p>	<p>Studies that will facilitate better understanding of knowledge, attitudes and practices of Filipinos to inform health promotion and disease prevention strategies.</p>
	<p><i>Healthcare Supply-side Mapping</i></p>	<p>Broader research that includes enumeration and profiling of existing health facilities, drug outlets, laboratory and diagnostic facilities and professionals.</p>
	<p><i>Health Service Delivery Dimensions and Healthcare Utilization Patterns (and Non-utilization) and Service Coverage</i></p>	<p>Broader research that covers: assessment on the effectiveness (structure, process and outcomes); efficiency (macro, allocative, production and efficiency); equity (procedural and substantive), and resilience; and studies that further explore the multiple dimensions of access to health services.</p>
	<p>Ensuring Accountability</p> <p><i>Health Impact Assessment</i></p>	<p>Broader research studies that assess the health</p>

		impact of policies, plans, or projects usually of large scale development projects using quantitative, qualitative or participatory techniques.
PITAHCRA 2017 - 2022	<p>Research and development on safety, efficacy/benefit, and quality of natural products</p> <p>Policy, systems and standard research</p>	<p>Research activities on traditional medicines, health supplements and other products proven safe, effective/beneficial and of high quality through research and development.</p> <p>Research to aid policy making and improve health care delivery and integration of traditional and complementary medicine to achieve universal health care.</p>
PPAN RA 2017 – 2022	Equity in Nutrition	Produce evidence to enable the nutrition sector to respond to the food and nutrition needs of and develop innovative solutions for vulnerable populations and marginalized sectors of society.

LEPROSY RESEARCH PRIORITIES

The list of research priorities are based on the generated questions from the GDG during the two rounds of eDelphi. The generated questions were groups and thematized to come up with the recommended priority research questions.

Screening and Diagnostics

Broader research studies dealing with the development of diagnostics and screening tools to detect leprosy cases, leprae reaction and drug resistance especially in primary care setting.

Recommended Research Question/s:

1. What is the current health system capacity to screen and manage PAL at the primary care level?
2. Which is cost-beneficial between slit skin smear and skin biopsy when screening patients who is suspected to have Leprosy?

Management and Treatment

Broader research studies dealing with the profiling of patients and their contacts, standardization of treatment protocols and evaluation studies on current management or treatment guidelines.

Recommended Research Question/s:

1. Is there a significant difference on treatment outcomes among PAL with PB leprosy who took the six-blister packs of MDT within 6-month compared within 9-month duration?
2. Is there a significant difference on treatment outcomes among PAL with multibacillary (MB) leprosy who took the 12-blister packs of MDT within 12-month compared within 18-month duration?
3. What are the treatment outcomes among MB leprosy patients who missed treatment for more than three months?
4. What are other complementary drugs or medications, or supplements prescribed by to lessen MDT adverse drug reactions?
5. Is there a significant difference in clinical outcome among MB patients with high BI treated with 24 blister packs compared with 12 blister pack MDT?

Management of Complications

Broader research studies dealing with the profiling of patients, standardization of treatment protocols and evaluation studies on current management or treatment guidelines on complications including disability progression.

Recommended Research Question/s:

1. What are the current practices of primary care physicians in managing and treating leprosy complications compared with their specialist counterparts?
2. What are the training needs of primary care workers to detect and manage leprosy reactions?
3. What are the factors affecting adherence to MDT among PAL experiencing leprosy reactions?
4. What are other safe, effective and cost-beneficial adjunct or alternative therapy among PAL experiencing leprosy reactions?

Drug Resistance

Broader research studies dealing with the antimicrobial use and antimicrobial resistance studies.

Recommended Research Question/s:

1. What is the capacity of the Philippine healthcare system to detect MDT drug resistance among patients affected with leprosy undergoing treatment?
2. What is the prevalence of rifampicin, clofazimine, and dapsone (or MDT drugs) resistance in the Philippines among PAL?

Special Population Groups

Produce evidence towards responsive health systems, better health outcomes and financial risk protection especially among vulnerable and marginalized population groups.

Recommended Research Question/s:

1. Are the current initiatives effective to deter stigma among PAL?
2. What is the knowledge, attitude and practices among health workers (both primary care and specialist care) towards PAL?
3. What is the sociodemographic and nutrition profile of suspected and confirmed PAL?
4. What is the efficacy of SDR as chemoprophylaxis among household contacts of PAL?
5. Is SDR cost-effective chemoprophylaxis strategy among contacts of suspected and confirmed PAL?

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